

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street)

10455 Mill Run Circle

☐ Check if different than previously reported. (ACC)

Owings Mill

MD

21117

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00286922

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

10

25

2012

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the State of

5. Covering Period

10

01

2012

through

10

17

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeanne Kennedy

Signature of Treasurer

Jeanne Kennedy

[Electronically Filed]

Date

10

25

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2012

To:

M M	/	D D	/	Y Y Y Y Y
10		17		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2012</td></tr></table>	Y	Y	Y	Y	Y	2012						<table><tr><td colspan="5">15784.43</td></tr></table>	15784.43				
Y	Y	Y	Y	Y													
2012																	
15784.43																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">19941.44</td></tr></table>	19941.44															
19941.44																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">795.77</td></tr></table>	795.77					<table><tr><td colspan="5">17202.78</td></tr></table>	17202.78									
795.77																	
17202.78																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">20737.21</td></tr></table>	20737.21					<table><tr><td colspan="5">32987.21</td></tr></table>	32987.21									
20737.21																	
32987.21																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">5000.00</td></tr></table>	5000.00					<table><tr><td colspan="5">17250.00</td></tr></table>	17250.00									
5000.00																	
17250.00																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">15737.21</td></tr></table>	15737.21					<table><tr><td colspan="5">15737.21</td></tr></table>	15737.21									
15737.21																	
15737.21																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	2

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

378.00

3190.00

(ii) Unitemized .....

417.77

14012.77

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

795.77

17202.77

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

795.77

17202.77

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.01

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

795.77

17202.78

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

795.77

17202.78

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	15250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	17250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	17250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	795.77	17202.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	795.77	17202.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. Michael J Felber**

Mailing Address 14 Lochmoor Court

City State Zip Code  
Timonium MD 21093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation  
SVP, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

Transaction ID : PR1262109825690

Amount of Each Receipt this Period

10.00

P/R Deduction (\$14.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. John A Picciotto**

Mailing Address 704 Sussex Road

City State Zip Code  
Towson MD 21286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation  
EVP & GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

Transaction ID : PR1262110225690

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. Rita A Costello**

Mailing Address 1911 Corbridge Lane

City State Zip Code  
Monkton MD 21111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation  
SVP, STRATEGIC MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

Transaction ID : PR1262117325690

Amount of Each Receipt this Period

12.00

P/R Deduction (\$12.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

42.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. Aliza Rothenberg**

Mailing Address 3413 Deep Willow Avenue

City State Zip Code  
 Baltimore MD 21208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP, MARKET PLNG & ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR1262119125690

Amount of Each Receipt this Period

10.00

P/R Deduction (\$0.00 )

Full Name (Last, First, Middle Initial)

**B. Wanda K Oneferu-bey**

Mailing Address 1319 Robin Road

City State Zip Code  
 Pikesville MD 21208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP, INDIV SALES, TRNG, DVLPMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR1262121125690

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Weekly)

Full Name (Last, First, Middle Initial)

**c. Meryl D Burgin**

Mailing Address 3 Sapphire Hill Ct.

City State Zip Code  
 Baltimore MD 21209-1563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

Vice President & DEPUTY GENERAL COUNSI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR1262151825690

Amount of Each Receipt this Period

10.00

P/R Deduction (\$2.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

52.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. William V Stack

Mailing Address 9 Farm Ridge Court

City State Zip Code  
 Baldwin MD 21013

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

VP, CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 17 2012

Transaction ID : PR1262156125690

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Sandra A Dilworth

Mailing Address 3 Tottenham Court

City State Zip Code  
 Baltimore MD 21234

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

DIRECTOR, NETWORK &amp; DESKTOP SE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 17 2012

Transaction ID : PR1262162725690

Amount of Each Receipt this Period

10.00

P/R Deduction (\$4.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Gregory M Chaney

Mailing Address 16 Fox Creek Court

City State Zip Code  
 Owings Mills MD 21117

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

EVP, CFO &amp; TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 17 2012

Transaction ID : PR1262210225690

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Daniel J Winn**

Mailing Address 468 Five Farms Lane

City State Zip Code  
Timonium MD 21093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP & MEDICAL DIRECTOR III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR1262230725690**

Amount of Each Receipt this Period

10.00

P/R Deduction (\$0.00 )

Full Name (Last, First, Middle Initial)

**B. Wanda H Moore**

Mailing Address 5209 Janesdale Court

City State Zip Code  
Glendale MD 20769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

DIRECTOR, CORPORATE TAXATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR1262249725690**

Amount of Each Receipt this Period

10.00

P/R Deduction (\$0.00 )

Full Name (Last, First, Middle Initial)

**C. Kevin C O'neill**

Mailing Address 617 W. 40Th Street

City State Zip Code  
Baltimore MD 21211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

VP, PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR1262299525690**

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. Winston Wong**

Mailing Address 1998 Conan Doyle Way

City State Zip Code  
 Eldersburg MD 21784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CareFirst of Maryland, Inc

Occupation  
 AVP, PHARMACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR1262303725690

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. Michael B Edwards**

Mailing Address 14236 Bradshaw Drive

City State Zip Code  
 Silver Spring MD 20905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Group Hosp & Med Svcs, Inc

Occupation  
 SVP, NETWORKS MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR1262403025690

Amount of Each Receipt this Period

14.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. Gwendolyn D Skillern**

Mailing Address 9925 Middle Mill Dr.

City State Zip Code  
 Owings Mills MD 21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CareFirst of Maryland, Inc

Occupation  
 SVP, AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR1262714625690

Amount of Each Receipt this Period

14.00

P/R Deduction (\$12.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

38.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Darlene L Lawrence**

Mailing Address 8152 Bell Tower Crossing

City State Zip Code  
Pasadena MD 21122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Hosp & Med Svcs, Inc

Occupation

AVP, PROF REL&PERF BASED PGMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR1263207525690**

Amount of Each Receipt this Period

10.00

P/R Deduction (\$0.00 )

Full Name (Last, First, Middle Initial)

**B. Zev B Lavon**

Mailing Address 4804 Hawksbury Road

City State Zip Code  
Baltimore MD 21208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

ARCHITECT, ENTERPRISE III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR1263254225690**

Amount of Each Receipt this Period

10.00

P/R Deduction (\$0.00 )

Full Name (Last, First, Middle Initial)

**C. Maria H. Tildon**

Mailing Address 5616 Cross Country Blvd

City State Zip Code  
Baltimore MD 21209-4418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SVP, PUBLIC POLICY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR1538197925690**

Amount of Each Receipt this Period

10.00

P/R Deduction (\$0.00 )

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Tonya Vidal Kinlow**

Mailing Address 3952 2nd St., SW

City

Washington

State

DC

Zip Code

20032-1421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation

Vice President, Government Affairs, DC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR1705271425690**

Amount of Each Receipt this Period

10.00

P/R Deduction (\$0.00 )

Full Name (Last, First, Middle Initial)

**B. Mr. Chester Burrell**

Mailing Address 3023 O Street

City

Washington

State

DC

Zip Code

20007-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR1727227325690**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$0.00 )

Full Name (Last, First, Middle Initial)

**C. Steven Margolis**

Mailing Address 4812 Attenborough Way

City

Ellicott City

State

MD

Zip Code

21043-6870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Senior Vice President, ASU Small - Med

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : PR1734774725690**

Amount of Each Receipt this Period

10.00

P/R Deduction (\$0.00 )

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

## **A. Michael Avotins**

Mailing Address 8 Springhill Farm Court

City State Zip Code  
 Cockeysville MD 21030-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Senior Vice President, ASU - LARGE GRO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR1932841425690

Amount of Each Receipt this Period

10.00

P/R Deduction (\$0.00 )

Full Name (Last, First, Middle Initial)

## **B. Mr. Fred Plumb**

Mailing Address 8207 Mount Vernon Highway

City State Zip Code  
 Alexandria VA 22309-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SVP ASU - FEP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR1934102925690

Amount of Each Receipt this Period

40.00

P/R Deduction (\$0.00 )

Full Name (Last, First, Middle Initial)

## **C. Mrs. Deborah Rivkin**

Mailing Address 841 Sand Cherry Lane

City State Zip Code  
 Laurel MD 20723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

VP GOVERNMENT AFFAIRS MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 17 / 2012

Transaction ID : PR1937212425690

Amount of Each Receipt this Period

10.00

P/R Deduction (\$0.00 )

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Kenny Kan**

Mailing Address 12823 MacBeth Farm Lane

City State Zip Code  
 Clarksville MD 21029-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

CHIEF ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2012

Transaction ID : PR1947461025690

Amount of Each Receipt this Period

16.00

P/R Deduction (\$0.00 )

Full Name (Last, First, Middle Initial)

**B. Mr. Harry D Fox**

Mailing Address 10421 Logan Drive

City State Zip Code  
 Potomac MD 20854-3912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SVP, TECHNICAL & OPS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 17 2012

Transaction ID : PR1961330625690

Amount of Each Receipt this Period

10.00

P/R Deduction (\$0.00 )

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

26.00

378.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. O'Say Can You See PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2012

Mailing Address

City State Zip Code

Purpose of Disbursement

011

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : 48026995**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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5000.00
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